

EXHIBIT “A”



PO Box 67015
Harrisburg, PA 17106-7015
RETURN SERVICE REQUESTED

BUSINESS OFFICE SOLUTIONS

A Division of National Recovery Agency
(800) 360-2998

11/04/09

IN RE: NORTHEAST IMAGING	TOTAL AMOUNT DUE: ██████
ACCT#: ██████	DATE OF SERVICE: 02/25/09

HPZ394/0D3 201 77568750

0000799/0004



Denise Harlan
10754 Jeanes St
Philadelphia, PA 19116-3316

SEND TO:
Business Office Solutions
PO Box 67015
Harrisburg, PA 17106-7015



Dear Denise Harlan,

Your account with NORTHEAST IMAGING is presently delinquent. The amount due and owing is \$60.00.

Unless you dispute this debt or any part thereof, within 30 days after receiving this notice, the debt will be presumed to be valid. Should you notify the above-named creditor in writing that you contest the debt, or any portion thereof, the creditor will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request the creditor in writing within 30 days after receiving this notice, the creditor will provide you with the name and address of the original creditor, if different from the current creditor.

Should your payment or dispute not be received within 30 days from the date of this notice, this debt will be considered for referral by our client to National Recovery Agency for collection activity.

The purpose of this communication is to collect a debt and any information obtained will be used for that purpose.

Sincerely,

Business Office Solutions
Customer Service Department

This communication is from a debt collector.

NRA/ALS-D3

ID #: HPZ394

PATIENT NAME: _____

DATE OF BIRTH: _____

GUARANTOR'S NAME: _____

ADDRESS: _____

PHONE #: _____

POLICY HOLDER'S NAME: _____

ADDRESS: _____

INSURANCE COMPANY: _____

ADDRESS: _____

EMPLOYER'S NAME /ADDRESS: _____

POLICY NO.: _____ GROUP NO.: _____

CARD NUMBER

For Credit/Debit Card Payments

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

CARD EXPIRES: _____

CARD HOLDER'S NAME: _____ CRED

CREDIT CARD SIGNATURE: _____

(Please Print)

(Required)